

**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street, Sacramento, CA 95814



May 7, 1986

ALL COUNTY LETTER NO. 86-35

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REPORT FORM FOR SUSPECTED DEPENDENT ADULT AND ELDER ABUSE

The attached report of Suspected Adult/Elder Abuse (SOC 341, 4/86) and reporting instructions as adopted by the State Department of Social Services (SDSS), is required under Welfare and Institutions Code, Chapter 11, Division 9, Sections 15630 (a) and 15633 (b) (AB 238) and Chapter 4.5, Division 8.5, Sections 9381 (a) and 9382 (SB 1210). This form is a revision of the current SOC 341 (4/84) which was adopted for the reporting of suspected elder abuse and has been used temporarily for the reporting of suspected dependent adult abuse.

Under Chapter 1164, Statutes of 1985 (AB 238) any dependent adult care custodian, health practitioner, or employee of a county adult protective service agency or a local law enforcement agency is to report instances of physical abuse of dependent adults to the county adult protective service agency or to a local law enforcement agency by telephone, followed by a written report within 36 hours. This reporting law was immediately effective following the Governor's approval on September 28, 1985.

The requirements for reporting of elder physical abuse remain unchanged. Under Chapter 1273, Statutes of 1983 (SB 1210) any elder care custodian, medical practitioner, non-medical practitioner, or employee of an elder protective agency who has actual knowledge of elder physical abuse is required to report the instance by telephone to the local designated elder protective agency (in most cases the County Welfare Department), followed by a written report within 36 hours.

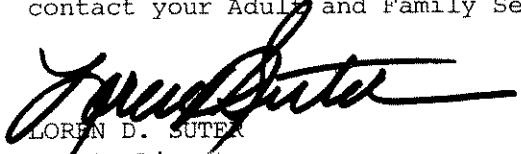
The SOC 341 (4/86) form is to be used for written reports of abuse. It serves to document the information given by the reporting party on the incident of suspected dependent adult and elder abuse. Also, please note that the form is designed to be completed by county staff for initial telephone reports of abuse.

County Welfare Departments are responsible for distribution of this form to responsible reporting agencies in their respective counties to ensure compliance with the law.

Forms will be available in one month and may be ordered from the SDSS Warehouse, P.O. Box 22429, Sacramento, CA 95822-3799. In the meantime, please use the attached camera-ready form to make copies for immediate initial use. Use of the current form SOC 341 (4/84) is to be discontinued immediately.

Reporting of cases of abuse and other information by counties to SDSS is to continue on a monthly basis. Please continue to use the current monthly reporting form SOC 240 (1/85) until receipt of a revised form and instructions from SDSS.

If you have any questions about the reporting requirements or process, please contact your Adult and Family Services Operations Consultant at 445-0623.



LOREN D. SUTER  
Deputy Director  
Adult and Family Services Division

cc: CWDA

Attachment

**REPORT OF SUSPECTED  
DEPENDENT ADULT/ELDER ABUSE**

Chapter 1184, Statutes of 1982  
Chapter 1273, Statutes of 1983  
Chapter 1164, Statutes of 1985  
Chapter 1120, Statutes of 1985)

NOTE: Submit report within 36 hours of the telephone report to your local elder protective agency or county adult protective services agency.

**FOR USE BY INVESTIGATING EPA/COUNTY APS**

VICTIM NAME		
SUSPECTED ABUSER NAME		
REPORT NUMBER CASE NAME		
DATE OF REPORT		
ACTION TAKEN (✓ CHECK ONE)		
<input type="checkbox"/> Victim Refuses Service	<input type="checkbox"/> Referred to APS	<input type="checkbox"/> Dismissed (Insufficient Evidence)
<input type="checkbox"/> Investigation Closed (No Further Action)	<input type="checkbox"/> Referred to Other Agency	<input type="checkbox"/> Unfounded (False Report)

NOTE: Instructions on Reverse

TO BE COMPLETED BY REPORTING PARTY -- (Please Print or Type)

**TELEPHONE INFORMATION REQUIRED (See Shaded Areas)****A. REPORTING PARTY**

NAME/TITLE OF REPORTING PARTY	SIGNATURE OF REPORTING PARTY	DATE OF THIS WRITTEN REPORT
TELEPHONE ( )	RELATIONSHIP TO SUSPECTED VICTIM	
ADDRESS - STREET		CITY

**B. VERBAL REPORT MADE TO**

ELDER PROTECTIVE AGENCY/COUNTY APS	ADDRESS - STREET	CITY
OFFICIAL CONTACTED	TELEPHONE ( )	DATE/TIME OF TELEPHONE REPORT
LOCAL LAW ENFORCEMENT OR OTHER AGENCY CONTACTED (IF DIFFERENT FROM ABOVE)	TELEPHONE ( )	DATE/TIME OF TELEPHONE REPORT

**C. VICTIM**

NAME (LAST NAME FIRST)	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE
ADDRESS - STREET	CITY	TELEPHONE ( )	
PRESENT LOCATION (IF DIFFERENT FROM ABOVE)	CITY	TELEPHONE ( )	

☐ Developmentally Disabled ☐ Mentally Disabled ☐ Physically Handicapped

**D. INCIDENT INFORMATION**

DATE/TIME OF INCIDENT	LEARNED OF INCIDENT BY (✓ CHECK ONE) <input type="checkbox"/> Verbal Report <input type="checkbox"/> Observation
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PLACE OF INCIDENT (✓ CHECK ONE)  
☐ Board and Care ☐ Skilled Nursing Facility ☐ Private Residence ☐ Home ☐ Other (Specify) \_\_\_\_\_

**TYPES OF ABUSE (✓ CHECK ALL THAT APPLY)**

Physical:				Perpetrated by Others		Self Abuse	
<input type="checkbox"/> Assault/Battery	<input type="checkbox"/> Sexual	<input type="checkbox"/> Neglect	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Mental Suffering	<input type="checkbox"/> Physical	<input type="checkbox"/> Fiduciary
<input type="checkbox"/> Constraint or Deprivation	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other (Specify) _____

ABUSE RESULTED IN (✓ CHECK ONE)  
☐ No Medical Care ☐ Minor Medical Care ☐ Hospitalization ☐ Death ☐ Other (Specify) \_\_\_\_\_

**E. RELATIONSHIP OF SUSPECTED ABUSER TO THE VICTIM**

☐ Custodian ☐ Spouse ☐ Parent ☐ Offspring ☐ Other Relation (Specify) \_\_\_\_\_ ☐ No Relation ☐ Unknown

**F. FAMILY MEMBER OR OTHER CONTACT PERSON FOR ABUSED**

NAME	RELATIONSHIP
ADDRESS	TELEPHONE ( )

Please provide a brief narrative about any entries that you believe require explanation or clarification. Also add any additional information not requested above that you believe pertinent to the incident of physical abuse (e.g., what the victim said, known history of similar incidents). (You may attach medical notes or other information.)

## General Instructions

Complete this form for each incident and each victim of suspected physical abuse of a dependent adult or elder person.

Complete shaded sections on the form when a telephone report of abuse is received.

If any item of information is unknown, write unknown beside the item.

Mandated Reporters (see below) are required to give their names.

Send one copy of this report to the agency designated for reporting collection in your county.

## Reporting Instructions

### Purpose

This form, as adopted by the Department of Social Services, is required under Welfare and Institutions Code, Chapter 11, Division 9, Sections 15630(a) and 15633(b), and Chapter 4.5, Division 8.5, Sections 9381(a) and 9382.

Also, this form serves to document the information given by the reporting party on the suspected incident of physical abuse of an elder (age 65 and older) and dependent adult (age 18-64).

### Reporting Responsibilities

Any elder care custodian, medical practitioner, nonmedical practitioner, or employee of an elder protective agency who has actual knowledge that an elder whom he or she observes in his or her professional capacity or within the scope of his or her employment has been the victim of physical abuse shall report the suspected instance of physical abuse to an elder protective agency immediately or as soon as possible by telephone and shall prepare and send a written report thereof within 36 hours.

Any dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency, who in his or her professional capacity or within the scope of his or her employment, either has actual knowledge that a dependent adult has been the victim of physical abuse, or observes a physical injury to a dependent adult under circumstances that are consistent with physical abuse, where the dependent adult's statements, or in the case of persons who have developmental disabilities, their statements or other corroborating evidence, indicate that abuse has occurred, shall report the known or suspected instance of physical abuse to the county adult protective services agency, or a local law enforcement agency immediately or as soon as possible by telephone, and shall prepare and send a written report thereof within 36 hours.

When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of elder abuse or abuse of a dependent adult and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected members of the reporting teams. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.

Any person knowingly failing to report, when required, an instance of elder abuse is guilty of a misdemeanor punishable by a fine not to exceed \$1,000.

Any person who fails to report, when required, an instance of dependent adult abuse is guilty of a misdemeanor punishable by imprisonment in the county jail for a maximum of six months or fined \$1,000 or both imprisonment and fine.

The identity of all persons who report under Chapter 4.5 shall be confidential and disclosed only by court order or between elder protective agencies.

The identity of all persons who report under Chapter 11 shall be confidential and disclosed only between adult protective services agencies or local law enforcement agencies or their counsel, the district attorney in a criminal prosecution, or upon waiver of confidentiality by the reporter, or by court order.

### Reporting Party Definitions (Mandated Reporters)

Elder Abuse (Any elder care custodian, medical practitioner, nonmedical practitioner or employee of an elder protective agency.)

"Elder care custodian" means an administrator of a community care facility licensed to care for the elderly, a public assistance worker, a probation officer, a social worker, a licensed home aide, or an employee of an elder care institution, including personnel of residential care facilities, skilled nursing facilities, and intermediate care facilities.

"Medical practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, osteopath, podiatrist, chiropractor, resident, intern, nurse, pharmacist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

"Nonmedical practitioner" means a state or county public health employee who treats an elder for any condition, a paramedic, a coroner, a geriatric or family counselor, or a lawyer.

Dependent Adult Abuse (Any dependent adult care custodian, health practitioner or employee of a county adult protective services agency or a local law enforcement agency.)

"Care custodian" is defined as an administrator or an employee of any of the following public or private facilities:

Health facility  
Clinic  
Home health agency  
Educational institution  
Sheltered workshop  
Camp

Respite care facility  
Residential care institution, including foster homes and group homes  
Community care facility

Adult day care facility, including adult day health care facilities  
Regional center for persons with developmental disabilities

Licensing worker or evaluator

Public assistance worker  
Adult protective services agency  
Patient's rights advocate  
Nursing home ombudsman  
Legal guardian or conservator

Skilled nursing facility  
Intermediate care facility

Local law enforcement agency

Any other person who provides goods or services necessary to avoid physical harm or mental suffering and who perform duties.

(WIC Section 15610(g), AB 238, WIC Section 15610(h), AB 1603)

"Health Practitioner means:

Physician and surgeon  
Psychologist  
Resident intern  
Chiropractor  
Dental hygienist

Psychiatrist  
Dentist  
Podiatrist  
Licensed nurse  
Paramedic

A marriage, family and child counselor trainee or unlicensed intern as defined in subdivision (c) of Section 4980.03 and Section 4980.44 respectively of the Business and Professions Code.

Marriage, family, and child counselor or any other person licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

Any emergency medical technician I or II.

A person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

State or county public health or social service employee who treats a dependent adult for any condition.

Coroner.

Religious practitioner who diagnoses, examines or treats dependent adults.

(WIC Section 15610(h), AB 238 and AB 1603)

"Adult protective services agency" means a county welfare or social services department. (WIC Section 15610 i and j, AB 238 and AB 1603, respectively.)